

Quick Reference Guide:

Isolation and Testing for IAWs in Employer-provided Housing

Cases in employer-provided housing (e.g. on-farm and in the community)	
<i>For fully vaccinated workers:</i>	<i>Unvaccinated/Partially Vaccinated/Immunocompromised</i>
<p>5-day self-isolation (provided worker has no fever and their symptoms are resolving at least 24 hours OR 48 hours if gastrointestinal symptoms) followed by:</p> <p>Strict masking and physical distancing when outside the home and in shared areas inside the home (except when required to remove mask, e.g., sleeping and eating) for a full 10 days from the onset of symptoms or positive test date, whichever is earlier (i.e., for the duration of the 5-day isolation and further 5 days post isolation).</p>	<p>10-day self-isolation (provided worker has no fever and symptoms are resolving at least 24 hours OR 48 hours if gastrointestinal symptoms)</p>
Close contacts of IAWs in employer-provided housing	
<i>For fully vaccinated workers:</i>	<i>Unvaccinated/Partially Vaccinated/Immunocompromised</i>
<p>5-day self-isolation from the last exposure to the case followed by strict masking and physical distancing when outside the home AND in shared areas inside the home (except when required to remove mask, e.g., sleeping and eating) for a full 10 days from last exposure to the case (i.e., for the duration of the 5-day isolation and further 5 days post isolation).</p>	<p>10-day self-isolation in a single room with separate bathrooms and no shared spaces. Employers should ensure that close contacts in self-isolation are frequently monitored.</p> <p>Unvaccinated, partially vaccinated, and immunocompromised workers cannot cohort with other close contacts to limit their exposure and risk of transmission</p>
<p>Close contacts of symptomatic or positive cases are recommended to be tested by PCR on/after Day 3 from the last exposure to the case to assess for transmission amongst contacts before ending their 5-day self-isolation.</p>	
<p>If timely PCR results are not available, two negative RATs on Day 4 and Day 5 from last exposure are strongly recommended.</p>	

Testing

- IAWs in shared living settings are considered a priority group for [symptomatic](#) PCR testing in accordance with [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).
- Eligibility for asymptomatic PCR testing is at the direction of the local PHU in the case of suspected or confirmed outbreak within the employer provided housing setting.
- Close contacts of cases are recommended to be tested **initially** upon identification and on/after Day 3 from last exposure to a positive case to ensure a negative result before they come out of self-isolation (PCR recommended, alternatively by RAT on day 4 and 5).
- Rapid Antigen Tests (RATs) are being prioritized to support IAWs. Where timely PCR testing results are not available, RATs may be collected to facilitate timely follow-up of contacts. A positive result on a RAT is a positive case.
- Where Rapid Antigen Tests (RAT) are being performed, a third party must be used and ensure that translation supports are available.
- Two negative RATs collected 24-48 hours apart are required for confirmation of a negative result.
- Employers should notify their local PHU of individuals who test positive on a RAT **and** did not receive PCR confirmatory testing if they are associated with a suspect or confirmed outbreak in the setting. PCR confirmatory testing is not required for positive RATs but may be conducted for reporting/case management purposes.
- For outbreak situations where vaccinated close contacts are self-isolating in shared accommodations and cohorted with other close contacts:
 - Consider daily RAT testing of close contacts until day 5 from their last exposure to the case for early identification of any additional cases, if sufficient RAT supplies.
- Please check the Ministry of Health's testing resources on our [website](#) for the most up to date provincial COVID-19 testing strategy.

Isolation

For workers in employer-provided housing (“congregate living”)

- An isolation space is a room that allows a case or a contact to self-isolate safely and comfortably. Optimally, every case and close contact should have their own enclosed room and dedicated washroom.
- If a separate isolation space is not available, the following circumstances may apply. It remains important that the employer has a process in place to conduct twice daily health checks through a third party and that if individuals cannot be isolated on their own, that isolation cohorts are as small as possible. Additionally, the third party should be able to provide information directly to the local public health unit
 - Workers who **test positive**, either symptomatic or asymptomatic, may be cohorted together regardless of vaccination status, in shared accommodations for their isolation with the fewest number of workers cohorted as possible to minimize the overcrowding of spaces, including washrooms.
- For outbreaks, suspect or confirmed, where vaccinated close contacts are self-isolating in shared accommodations and cohorted with other close contacts:
 - Ensure accommodations allow for adequate physical distancing;

- Cohort groups should be as small as possible to minimize the overcrowding of spaces;
- If supplies are available, allow for daily Rapid Antigen Testing (RAT) of close contacts by a third party until day 5 from their last exposure to the positive case for early identification of any additional cases.
- If a close contact becomes symptomatic, they should be removed from the cohort as soon as possible to avoid potential transmission to others.
- Unvaccinated, partially, or immunocompromised close contacts, should not cohort with others and ideally isolate in separate room with a dedicated washroom.
- Frequent health checks through a third party should be undertaken to ensure health and safety for all cases and contacts, and particularly for unvaccinated, partially vaccinated or immunocompromised cases and contacts.

*Employers should include an escalation process for those identified with worsening symptoms and ensure access to health care supports.

Definition for an agri-food living setting outbreak

An outbreak in an agri-food living setting is defined as:

- One confirmed case (i.e., by PCR or rapid molecular or antigen test) among a resident of an employer-provided living setting associated within an agri-food setting,
OR
- Two confirmed cases (i.e., by PCR or rapid molecular or antigen test) in workers or any other person working on or visiting an agri-food setting (e.g., an employer) with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the agri-food setting.

*Examples of reasonably having acquired infection in an agri-food setting include:

- No obvious source of infection outside of the farm or employer-provided living setting,
OR
- Known exposure in the agri-food setting or employer provided living setting.